



FIRE HYDRANT METER RENTAL

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE _____

LOCATION: _____ PURPOSE _____

KEY NO. _____ MTR. NO. _____ ACCT. NO. _____

MTR PICKED UP BY: _____ RDG _____ DATE _____
(SIGNED) (SIGNED)

MTR RETURNED BY: _____ RDG _____ DATE _____
(SIGNED) (SIGNED)

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

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RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

RDG _____ DATE _____ LOC _____

I hereby agree to accept the service herein applied for, subject to all Ordinances, Rules and Regulations of/or pertaining to City of Atlanta's Department of Watershed Management.